FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) WILLAM CBILL JULIAN  Name  (2) //02 NE 2ND COURT  Address (number and street)  HALLANSALE BEACH, FL., 3300  City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED	OFFICE USE ONLY PROFITS OF HALLAND AND CERRO						
	CHECK IF PC HAS DISBANDED  CHECK IF CCE HAS DISBANDED  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT	IDENTIFIERS						
Cover Period: From <u>0 /</u> / <u>0 /</u> / <u>0 9</u> To	03 13/ 109 Report Type Q4						
☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$/M, M	Monetary Expenditures \$						
Loans \$	Transfers to Office Account \$						
Total Monetary \$_/\(\mathcal{O}\) . \(\delta\)	Total Monetary \$						
In-Kind \$							
	(8) Other Distributions \$						
(9) TOTAL Monetary Contributions To Date \$ / のひ・の	(10) TOTAL Monetary Expenditures To Date						
(11) CERT	IFICATION						
It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.						
(Type name) ARMIN F. LOVENVIRTH  Individual (only for Treasurer Deputy Treasurer electioneering commun.)  X  X  X  X  X  X  X  X  X  X  X  X  X	(Type name) WILLIAM BILL) JULIAN  Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
Signature	Signature						
DS-DE 12 (Rev. 08/04)							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name William (BILL) JULIAN (2) I.D. Number							
(3) Cover Period	I / / /	throu	gh/	1	(4) Page		of _/
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
03111109	WILLIAM JULIAN		CITY	_			
	HALLANSALE FL 33009	1	CITY COMMISSON	CAS ler			100.00
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